

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">9/546201</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11		3					61						
12		3					62						
13		1					63						
14		3					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20		3					70						
21		3					71						
22		3					72						
23		3					73						
24		3					74						
25		3					75						
26	1						76						
27	1						77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33		2					83						
34		5					84						
35		5					85						
36		5					86						
37		5					87						
38		5					88						
39		5					89						
40		5					90						
41		5					91						
42		5					92						
43		5					93						
44		5					94						
45		5					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	118						TOTAL DEP.						
TOTAL CLAIMS	123						TOTAL CLAIMS						